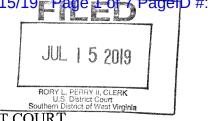
Case 1:19-cv-00521 Document 2 Filed 07/15/19 Page 1 of 7 PageID #: 5

Attachment A - <u>Bivens</u> Complaint form



## UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF WEST VIRGINIA

Fra	ىالالأم	Tuck mcVay		08563-087
		the full name of the plant this action)	aintiff	(Inmate Reg. # of each Plaintiff)
V.				CIVIL ACTION NO. $\frac{1.19-CV-0.052}{(Number to be assigned by Court)}$
Dr	wil	liam Goode		
		1 Dowell - Me	dical Dept.	
-		Bureau OF	•	
Mic Ente	- At r above	lartic Region the full name of the design this action)	ral Office	
		Defe	ndant(s).	
			COMPLAI	<u>INT</u>
I.	Parti	es		
	A.	Name of Plaintiff:	Franklin-	Tuck McVAY
		Inmate No.:	08563-0	og7
		Address:	victorvi	ille (USP)
			P.O. Box 3	3900, Adelanto, CA 92301

В.	Additional Plaintiff(s) Item A above).	(provide the same information for each plaintiff as listed in
	Name of Plaintiff:	
	Inmate No.:	
	Address:	
	Name of Plaintiff:	
	Inmate No.:	
	Address:	
C.	Name of Defendant:	William Goode
	Position:	Medical Physician (Doctor)
	Place of Employment:	Federal Correctional Institution
		McDowell-Medical Department
D.	Additional Defendant in Item C above):	c(s) (provide the same information for each defendant as listed
	Name of Defendant:	Federal Bureau of Prisons
	Position:	Director
	Place of Employment	: Federal Bureau OF Prisons
	Name of Defendant:	mid-Atlantic Regional Office
	Position:	Regional Director
	Place of Employment	: Mid-Atlantic Regional Office

II.	Place	Place of Present Confinement				
	Name	of Prison/Institution: (USP) Victor VIlle				
	A.	Is this where the events concerning your complaint took place?				
		Yes No				
		If you answered "no," where did the events occur?				
		Federal Correctional Institutional - Mc Dowell - Medical Departme				
	В.	Is there a prisoner grievance procedure in this institution?				
		Yes No				
	C.	Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes No				
	If you answered "no," explain why not:					
		If you answered "yes," what was the result at level one, level two and level three (attach grievances and responses): They were Rejected And Closed  I AM Being Denied Access to Documentation By (F.B.C.  And Now Adversely Affected by Prison Staff				
III.	Prev	ious Lawsuits				
	A.	Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise related to your imprisonments?				
		Yes No				
	В.	If your answer to A is "yes," describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.				
		1. Parties to the previous lawsuit:				
		Plaintiff(s):				
		Defendant(s):				

## Case 1:19-cv-00521 Document 2 Filed 07/15/19 Page 4 of 7 PageID #: 8 Central Office Administrative Remedy Appeal

Federal	Bureau	of Prisons

USP LVN

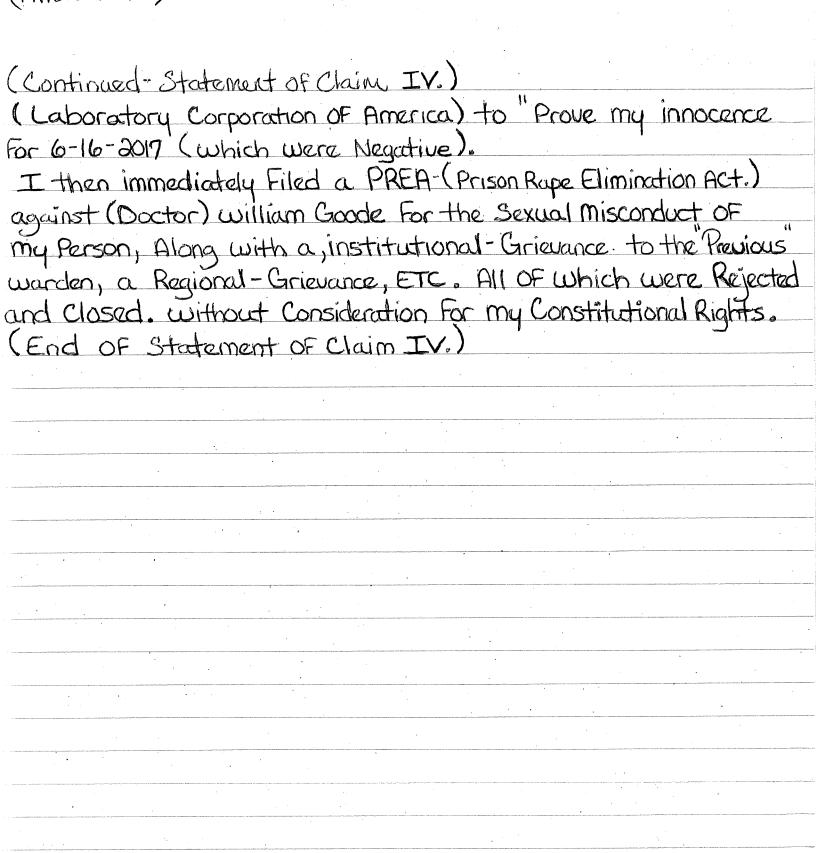
ments must be submitted with	If attachments are needed, submit for this appeal.	ur copies. One o	copy each of the com	pleted BP-DIR-9 and B	P-DIR-10, includi	ing any attach-
From: LAST NAM	E, FIRST, MIDDLE INITIAL	<u> </u>	<u>6308</u> / REG. NO.	UNIT	INSTI	CALANOO TUTION
Part A—REASON FOR A SEXUALLY A SE	APPEAL TOPE 2017  Southed by  Case in July ac  Idministrative  Affindings  Cian Minal Common	T, Fr (medic cDowe 217, Ih Remedy harges m Goode	anklin al Physiall.  ave Not Resulta  will be  for Forest	been Not s). (BP-8, Filed in the	Milliam  Fied or  BP-9, Bi  is mother  medica	Goode, mode P-10) alo Fogains I Dept.,
DATE Part B—RESPONSE	1 Drug Testing	·	- Fran	SIGNATURE OF	REQUESTER	
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DATE FIRST COPY: WASHI	NGTON FILE COPY			GENERAL C	R: 411	69-11
					· .	
Part C—RECEIPT				CASE NUMBE	R:	
Return to:	T NAME, FIRST, MIDDLE INITIAL		REG. NO.	CASE NUMBE		ISTITUTION

Docket Number:
Name of judge to whom case was assigned:
Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)
Approximate date of filing lawsuit:
Approximate date of disposition:

## IV. Statement of Claim

State here, as briefly as possible, the <u>facts</u> of your case. Describe what each defendant did to violate your constitutional rights. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets of paper if necessary.)

(Doctor) william Goode, Physically, reached in my underwear with, ReFuseD and unconsented Permission, by Myself, he Pulled out my, Genital Appendage - (Pents), while Forcefully inserting a Straight Coatheter For a RefuseD and unconsented Drug - illegal Narcotic - Test on - 6-16th - 2017 while I was, Fully, Conscious, Handcuffed, Shackled and restrained to medical Stretcher After my Scizure That I suffer From, I was Then Sent to the Hole on 6-16th 2017 for a falsified Incident Report And Found Guilty way Before my Drug Test Came back From an Outside (abortory OF



<b>V.</b>	Relief
	State briefly and exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.
Ŕ	Finacial Compensation- Amount to be Determined
_A	Finacial Compensation-"Amount to be Determined" Court Order-Subpoena For (All) Filed Grievances
Fra	om FCI-McDowell and Mid-Atlantic Regional Office
From	n June-July of 2017, Medical Records For June 16-2017
An	1 Drug Test Results For June 16th 2017 From FCI-Mc Dow
al	ong with Incident Report And Findings (6-16-2017-6-2
	Signed this Sth day of July , 2019.
	Granklin T. Mc Yay
	Signature of Plaintiffs
	clare under penalty of perjury that the foregoing is true and correct.  cuted on 7-8+2019  (Date)